

Please Type a plus sign (+) inside this box

+

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	12473RMUS02U
	First Named Inventor	Mo-Han Fong
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DUAL PROTOCOL LAYER AUTOMATIC RETRANSMISSION REQUEST SCHEME FOR
WIRELESS AIR INTERFACE**

the specification of which

- ☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY), as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 3659a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

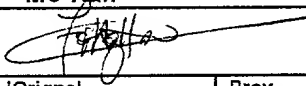
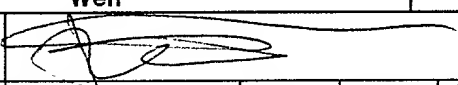
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/197,553	April 17, 2000	

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name	Registration Number		
John D. Crane	25,231	Vernon E. Williams	38,713		
W. Glen Johnson	39,525	Howard R. Greenberg	26,171		
Bruce E. Garlick	36,520	Randall Mishler	42,006		
James A. Harrison	40,401	Kevin L. Smith	38,620		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence address below					
Name	Bruce E. Garlick				
Address	Garlick & Harrison				
Address	P.O. Box 691				
City	Spicewood	State	TX	Zip	78669-0691
Country	US	Telephone	(512) 264-8816	Fax	(512) 264-3735
I hereby declare that all statements made herein of any own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Mo-Han		Fong			
Inventor's Signature				Date	04/19/2001
Residence: City	L'Orignal	Prov.	Ontario	Country	Canada
Post Office Address	1578 Bay Road				
Post Office Address					
City	L'Orignal	Prov.	Ontario	Zip	K0B 1K0
Country	Canada				
Name of Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Leo L.		Strawczynski			
Inventor's Signature				Date	
Residence: City	Ottawa	Prov.	Ontario	Country	Canada
Post Office Address	479 Highland Avenue				
Post Office Address					
City	Ottawa	Prov.	Ontario	Zip	K2A 2J5
Country	Canada				
Name of Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Geng		Wu			
Inventor's Signature				Date	
Residence: City	Plano	State	Texas	Country	US
Post Office Address	3401 Spring Mountain Dr.				
Post Office Address					
City	Plano	State	Texas	Zip	75025
Country	US				
Name of Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Wen		Tong			
Inventor's Signature				Date	Apr 13 2001
Residence: City	Ottawa	Prov.	Ontario	Country	Canada
Post Office Address	12 Whitestone Dr.				
Post Office Address					
City	Ottawa	Prov.	Ontario	Zip	K2C 4A7
Country	Canada				

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name		Registration Number		Name	
John D. Crane		25,231		Vernon E. Williams	
W. Glen Johnson		39,525		Howard R. Greenberg	
Bruce E. Garlick		36,520		Randall Mishler	
James A. Harrison		40,401		Kevin L. Smith	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence address below					
Name Bruce E. Garlick					
Address Garlick & Harrison					
Address P.O. Box 691					
City Spicewood		State TX		Zip 78669-0691	
Country US		Telephone (512) 264-8816		Fax (512) 264-3735	
I hereby declare that all statements made herein of any own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname		
Mo-Han			Fong		
Inventor's Signature				Date	
Residence: City	L'Orignal	Prov.	Ontario	Country	Canada
Post Office Address	1578 Bay Road				
Post Office Address					
City	L'Orignal	Prov.	Ontario	Zip	K0B 1K0
Country	Canada				
Name of Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname		
Leo L.			Strawczynski		
Inventor's Signature				Date	
				April 5, 2001	
Residence: City	Ottawa	Prov.	Ontario	Country	Canada
Post Office Address	479 Highland Avenue				
Post Office Address					
City	Ottawa	Prov.	Ontario	Zip	K2A 2J5
Country	Canada				
Name of Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname		
Geng			Wu		
Inventor's Signature				Date	
Residence: City	Plano	State	Texas	Country	US
Post Office Address	3401 Spring Mountain Dr.				
Post Office Address					
City	Plano	State	Texas	Zip	75025
Country	US				
Name of Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname		
Wen			Tong		
Inventor's Signature				Date	
Residence: City	Ottawa	Prov.	Ontario	Country	Canada
Post Office Address	12 Whitestone Dr.				
Post Office Address					
City	Ottawa	Prov.	Ontario	Zip	K2C 4A7
Country	Canada				

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name		Registration Number		Name	
John D. Crane		25,231		Vernon E. Williams	
W. Glen Johnson		39,525		Howard R. Greenberg	
Bruce E. Garlick		36,520		Randall Mishler	
James A. Harrison		40,401		Kevin L. Smith	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input type="checkbox"/> Customer Number OR <input checked="" type="checkbox"/> Correspondence address below or Bar Code Label					
Name		Registration Number		Name	
Bruce E. Garlick				Vernon E. Williams	
Address		Registration Number		Address	
Garlick & Harrison				Howard R. Greenberg	
Address		Registration Number		Address	
P.O. Box 691				Randall Mishler	
City		State		City	
Spicewood		TX		Kevin L. Smith	
Country		Telephone		Zip	
US		(512) 264-8816		78669-0691	
		Fax		Fax	
		(512) 264-3735		(512) 264-3735	
I hereby declare that all statements made herein of any own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Mo-Han Fong					
Inventor's Signature				Date	
Residence: City		Prov.		Country	
L'Orignal		Ontario		Canada	
Post Office Address		Zip		Citizenship	
1578 Bay Road		K0B 1K0		Canada	
Post Office Address		Country		Canada	
City		Prov.		Country	
L'Orignal		Ontario		Canada	
Name of Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Leo L. Strawczynski					
Inventor's Signature				Date	
Residence: City		Prov.		Country	
Ottawa		Ontario		Canada	
Post Office Address		Zip		Citizenship	
479 Highland Avenue		K2A 2J5		Canada	
Post Office Address		Country		Canada	
City		Prov.		Country	
Ottawa		Ontario		Canada	
Name of Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Geng Wu					
Inventor's Signature				Date	
Wu				04/10/01	
Residence: City		State		Country	
Plano		Texas		US	
Post Office Address		Zip		Citizenship	
3401 Spring Mountain Dr.		75025		Canada	
Post Office Address		Country		US	
City		State		Country	
Plano		Texas		US	
Name of Inventor:					
<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Wen Tong					
Inventor's Signature				Date	
Residence: City		Prov.		Country	
Ottawa		Ontario		Canada	
Post Office Address		Zip		Citizenship	
12 Whitestone Dr.		K2C 4A7		Canada	
Post Office Address		Country		Canada	
City		Prov.		Country	
Ottawa		Ontario		Canada	